## "SUMMONS - CIVIL

JD-CV-1 Rev. 2-13 C.G.S. §§ 51-346, 51-347, 51-349, 51-350, 52-45a, 52-48, 52-259, P.B. Secs. 3-1 through 3-21, 8-1

## STATE OF CONNECTICUT SUPERIOR COURT www.jud.ct.gov

## See page 2 for instructions

"X" if amount, legal interest or property in demand, not including interest and

costs is less than \$2,500. "X" if amount, legal interest or property in demand, not including interest and TO: Any proper officer; BY AUTHORITY OF THE STATE OF CONNECTICUT, you are hereby commanded to make due and legal service of

	costs is \$2,500 or more.					this Summons and attached Complaint.					
"X" if claiming other relief in addition to or in lieu of money or damages.											
						Telephone nui area code)	mber of clerk (with	r of clerk (with Return Date (Must be a Tuesday)			
123 HOYT STREET, STAMFORD, CONNECTICUT 06905						(203)96	5-5308	SEPTEM	IBER		2 014 Year
X Judicial District At (Town in which writ is returnable)					turnable) (C.G	.S. §§ 51-346,	51-349)	Case type	code (Se	e list on pag	e 2)
Housing Session G.A. Number:			STAMFORD			_		Major:	T	Minor:	20
For the Plaintiff(s) please enter the appearance of:										_	
Name and address of attorney, law firm or plaintiff if self-represented (Number, street, town and zip code)  Juris number (to be entered by attorney only)									ney only)		
TOOHER WOO	TH STREET, STAMFORD, CONNECTICUT 06905					106151	106151				
Telephone number (with area code) Signature of Plaintiff (If self-represented)											
(203) 324-6164											
Number of Plaintiffs: 2 Number of Defendants: 1 Form JD-CV-2 attached for additional parties											
Parties Name (Last, First, Middle Initial) and Address of Each party (Number; Street; P.O. Box; Town; State; Zip; Country, if not USA)									JSA)		
First Plaintiff Plaintiff GREENWICH, CT 06830 P-0*							P-01				
Additional Plaintiff	tional Name: HOELSCHER, GREG							P-02			
First Defendant	Address: CONN	FORD HEALTH ECTICUT, 069 FORD, CONNE	02. AGENT F	OR SER	A STAMFO VICE: COR	RD HOSPIT	TAL; 30 SHEI I SERVICE C	LBURNE RO OMPANY, 5	AD, ST 0 WES	AMFORI	), D-01 EET,
Additional Defendant	Name: Address:										D-02
Additional Defendant	Name: Address:										D-03
Additional Defendant	Name: Address:										D-04
NI - 4° 4 - E	D - f										

## Notice to Each Defendant

- 1. YOU ARE BEING SUED. This paper is a Summons in a lawsuit. The complaint attached to these papers states the claims that each plaintiff is making against you in this lawsuit.
- 2. To be notified of further proceedings, you or your attorney must file a form called an "Appearance" with the clerk of the above-named Court at the above Court address on or before the second day after the above Return Date. The Return Date is not a hearing date. You do not have to come to court on the Return Date unless you receive a separate notice telling you to come to court.

3. If you or your attorney do not file a written "Appearance" form on time, a judgment may be entered against you by default. The "Appearance" form may be obtained at the Court address above or at www.jud.ct.gov under "Court Forms."

4. If you believe that you have insurance that may cover the claim that is being made against you in this lawsuit, you should immediately contact your insurance representative. Other action you may have to take is described in the Connecticut Practice Book which may be found in a superior court law library or on-line at www.jud.ct.gov under "Court Rules."

5. If you have questions about the Summons and Complaint, you should talk to an attorney quickly. The Clerk of Court is not allowed to give advice on legal questions.

Signed (Sign and "X" proper bo	x)	Commissioner of the Superior Court Assistant Clerk	Date signed 08/13/2014		
If this Summons is signed by a. The signing has been don b. It is the responsibility of th c. The Clerk is not permitted d. The Clerk signing this Sur in the Summons, any alleg	For Court Use Only File Date				
I certify I have read and understand the above: Name and address of person red ASHLEY AMES, 80 FOU		amount of \$250	06905	Date	
Signed (Official taking recognize		S S S S S S S S S S S S S S S S S S S	Commissioner of the Superior Court Assistant Clerk	Date 08/13/2014	Docket Number